

CFH-1

Office of the Attorney General
1024 Capital Center Drive
Frankfort, KY 40601-8204
(502) 696-5389

**SELLERS OF CEMETERY MERCHANDISE
AND CEMETERY COMPANIES ANNUAL REPORT**
For the Period Ending December 31, ____ (This report is due by 3/31 of the current year.)

1. Cemetery Name _____
Registration # _____
Ownership: Corporation ____, Proprietorship ____, Partnership ____, Non-profit ____, Municipal ____
2. _____

LOCATION MAILING ADDRESS
3. Phone Number (____) _____

PERPETUAL CARE AND MAINTENANCE TRUST FUND

4. Name and address of trust company _____
Account # _____

*Attach the most recent annual trust report listing all assets of the trust.

1. Beginning balance \$ _____
2. Unpaid balance from prior year \$ _____
3. Grave sales: #sold _____ Amount collected \$ _____ P.C.
\$ _____
4. Lawn or mausoleum crypts
#sold _____ Amount collected \$ _____ P.C. \$ _____
5. Niches #sold _____ Amount collected \$ _____ P.C.
\$ _____
6. Unpaid trust deposits from this year
\$(_____)
(Last quarters deposit not made before filing deadline)
7. Additional gifts to perpetual care
(Funds not required by KRS. 367.952(2)) \$ _____
8. Interest earned this fiscal year \$ _____
9. Interest used this fiscal year \$(_____)

10. Ending balance

\$ _____

CEMETERY MERCHANDISE TRUST FUND

1. NAME & ADDRESS OF TRUST COMPANY _____

TRUST ACCOUNT NUMBER

Note: The ledger sheet on page five must be completed. Please list all persons who purchased pre-need cemetery merchandise within the last twelve months.

RECONCILIATION

Total beginning balance of trust (January 1)	\$ _____
Total deposits	\$ _____
Total earnings	\$ _____
Withdrawals:	
Total merchandise provided	\$ _____
Total monies refunded	\$ _____
Total withdrawals	(\$ _____)
Ending balance in trust (December 31)	\$ _____

PRE-NEED BURIAL CONTRACTS

PNBL # _____

NOTE: Pre-need opening/closing costs and casket and vault sales are pre-need burial contracts as defined by KRS 367.932(3). Complete the form provided on page six for each pre-need burial contract indicating: (1) all of the pre-need burial contracts that have ever been sold by this firm for which services have not yet been performed and monies have not yet been refunded (that is, contracts that are still in existence on December 31 of the year for which this report is filed); and (2) those pre-need burial contracts for which services were performed and/or monies were refunded during the calendar year (that is, those accounts that had a positive balance on January 1, but show a zero (0) balance as of December 31).

RECONCILIATION

Total beginning balance of trust (January 1)	\$ _____
Total deposits	\$ _____
Total earnings	\$ _____
Withdrawals:	
Total refunds/conversions	\$ _____
Total serviced	\$ _____
Total withdrawals	(\$ _____)

Ending balance in trust (December 31)

\$_____

PRE-CONSTRUCTION SALES

Provide the following information for each Pre-Construction Sales Project.

PCSP # _____

1. Date registered with this office ____/____/____

2. Date sales began ____/____/____

3. Date construction began ____/____/____

4. Sales during this fiscal year:

Number sold: Mausoleum crypts _____ ; Lawn crypts _____ ;
Niches _____

5. Revenue (retail selling price):

A. Mausoleum Crypts \$_____ Trust deposit \$_____

B. Lawn Crypts \$_____ Trust deposit \$_____

A. Niches \$_____ Trust deposit \$_____

TOTAL \$_____

6. Name and address of trustee:

7. Account number of trust: _____

8. Current trust balance: \$_____

9. Amount withdrawn from trust
account this fiscal year for work completed: \$_____

Please give a brief explanation of the status of the project the last day of the year for which this report is filed:

*Please attach additional sheets as necessary for each pre-construction project at this property.

CERTIFICATION STATEMENT

I state under penalty of law that the above listed information is true to the best knowledge and belief of the undersigned, who is duly authorized to sign this application. Signature of owner or all partners required. If the cemetery is incorporated, the president or authorized individual must sign. You may attach additional sheets as necessary.

_____	_____	_____
_____	_____	_____
_____	_____	_____
Signature	Print Name	Title

If the person(s) signing above did not prepare this report, the signature of the person who prepared the report is required.

_____	_____	_____
Signature	Print Name	Title

Subscribed and Sworn to me this ____ day of _____, 19__

Notary Public
My Commission Expires _____

The Office of the Attorney General feels that the amounts reported in the above trust accounts should be the cash value of the trust accounts and not the fair market value.

PLEASE REMEMBER TO ENCLOSE YOUR TEN DOLLAR (\$10.00) FILING FEE AS REQUIRED UNDER KRS 367.946(7).

DISCLOSURE

The Office of the Attorney General(OAG) does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or in the provision of services. The OAG provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities. The OAG intends that no person shall be excluded from participation in, denied the benefits of, or otherwise subjected to discrimination under any program or activity operated by the OAG. The OAG intends to bind all entities operating under its jurisdiction and control to fully comply with and abide by the spirit and intent of the Civil Rights Act of 1964.

Please notify the OAG/ADA and Title VI Coordinator, Room 34, Capitol Building, Frankfort, KY 40601, (502) 696-5300 at any time to report discrimination. Office hours are 8:00AM to 5:00PM.

PRE-NEED CEMETERY MERCHANDISE SALES

Cemetery Name: _____ *Annual Report* _____ *Page* __ *of* __

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**You may make additional copies of this sheet as necessary. Computer printouts are acceptable in lieu of this ledger sheet, as long as the information on the printout is the same as the information requested.*